

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

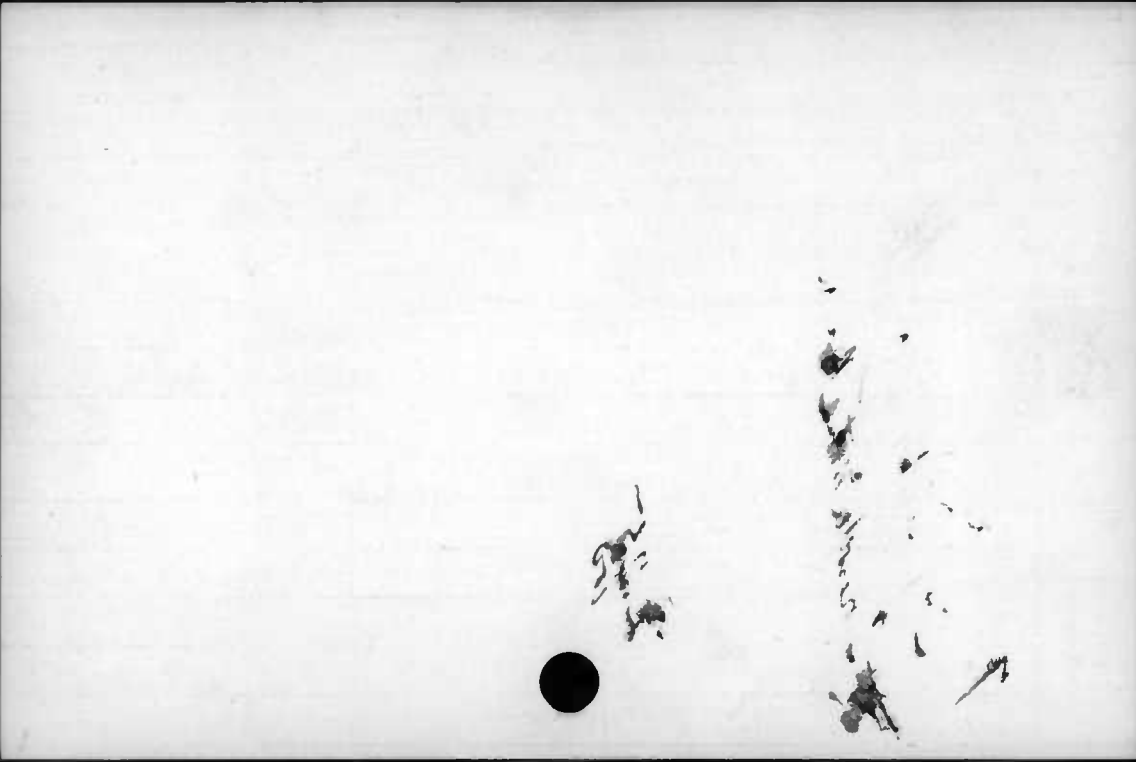
Died at <i>Potomac Springs</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>April</i>	Day <i>6</i>	Age <i>72</i>	Months <i>—</i>	Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Howard Co Md</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>By-Trade, Black Smith</i>		
Name of Wife or Husband <i>Rachel Harvey</i>					
Father's Name <i>Urban Bowman</i>			Father's Birthplace <i>Mt-Beulah</i>		
Mother's Maiden Name <i>Nancy Bowman</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Albert G. Bowman</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

53

PHYSICIAN
OR CORONER

Primary	<i>Leukemia</i>	How long	<i>2 yrs</i>
Immediate	<i>Hemorrhage (gastric).</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. B. B. Baker,</i>
		Address	<i>Liberty, Md</i>
Accident or Suicide?			



Name
in
Full

Thomas S. Campbell.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Daisy.

Howard.

Date

Month

Day

Years

Months

Days

of death

1908

April.

1

Age

About

68

Sex

Male.

Color or
Race

White.

Birth-
place

Md.

Occupation

General laborer.

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower.

Name of Wife or
Husband

Unknown

Father's
Name

Arthur Campbell.

Father's
Birthplace

Md.

Mother's
Maiden Name

Betty Nelson

Mother's
Birthplace

Md.

Name of person giving
information

Columbus C. Campbell

How related
to deceased

Son.

CAUSES OF DEATH

120

Primary

Chronic nephritis.

How long

Several years.

Immediate

General dropsy.

How long

Two weeks.

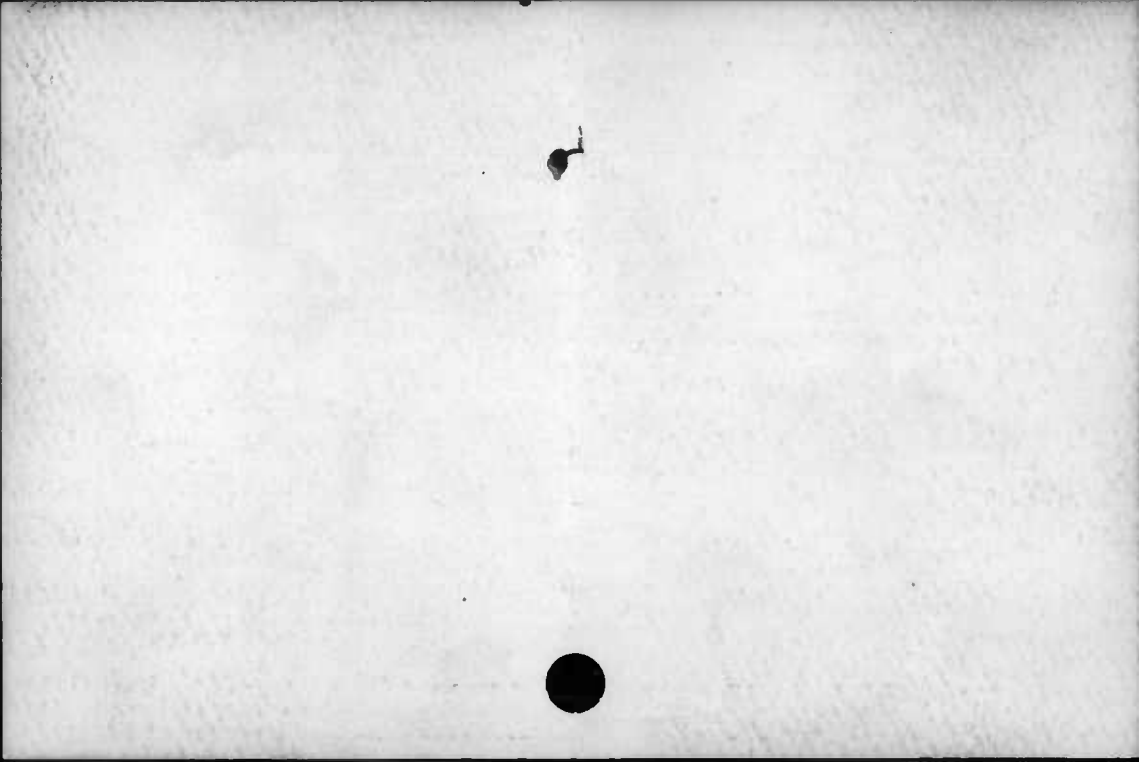
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. W. Lacy.
Lisbon

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Albert Curry

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Guilford</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>6th</u>	Age <u>0</u>	Months <u>6</u>	Days <u>1</u>
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Guilford</u>	
Occupation <u> </u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Alphonse Mack</u>		Father's Birthplace <u>Howard Co</u>			
Mother's Maiden Name <u>Ada Curry</u>		Mother's Birthplace <u>Guilford</u>			
Name of person giving information <u>Ben. Curry</u>		How related to deceased <u>Grandfather</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>48 hrs -</u>
Immediate	<u>Collapse</u>	How long	<u>4 hours -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>Chas C. Tumbleton</u>	
		Address <u>Guilford</u>	
Accident or Suicide? <u>Q</u>		<u>Howard Co Ind</u>	



Name in Full		Elizabeth Jane Worsey				CERTIFICATE OF DEATH <input checked="" type="checkbox"/>	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Lisbon		County	
		Date		8 April		Age	
		Month		Day		Years	
		of death 190		8		4	
		Sex		Female		Color or Race	
NEAREST FRIEND		Married, Single or Widowed		Widow		Occupation	
		Name of Wife or Husband		Luther Worsey		Housewife	
		Father's Name		Capt. James Morgan		Father's Birthplace	
		Mother's Maiden Name		Hannah Triggell		Mother's Birthplace	
		Name of person giving information		Wm. F. A. F. Stanfield		How related to deceased	
				CAUSES OF DEATH		154	
PHYSICIAN OR CORONER		Primary		Old age		How long	
		Immediate		Bronchitis, Spleen		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		R. H. Macfies	
		220		Address		Lisbon, Md.	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

Carrie Floyd

Town

County

MARYLAND

Died at

Catoxville

Howard

Date

1908 Apr. 11

Day

Age

Years

25

Months

11

Days

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

H.W.

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Wm Floyd

Father's
Name

Lemuel Moore

Father's
Birthplace

Md

Mother's
Maiden Name

Fannie Morrison

Mother's
Birthplace

Md

Name of person giving
In formation

Jonis Moore

How related
to deceased

Brother

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

5 yrs.

Immediate

Aspiration

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

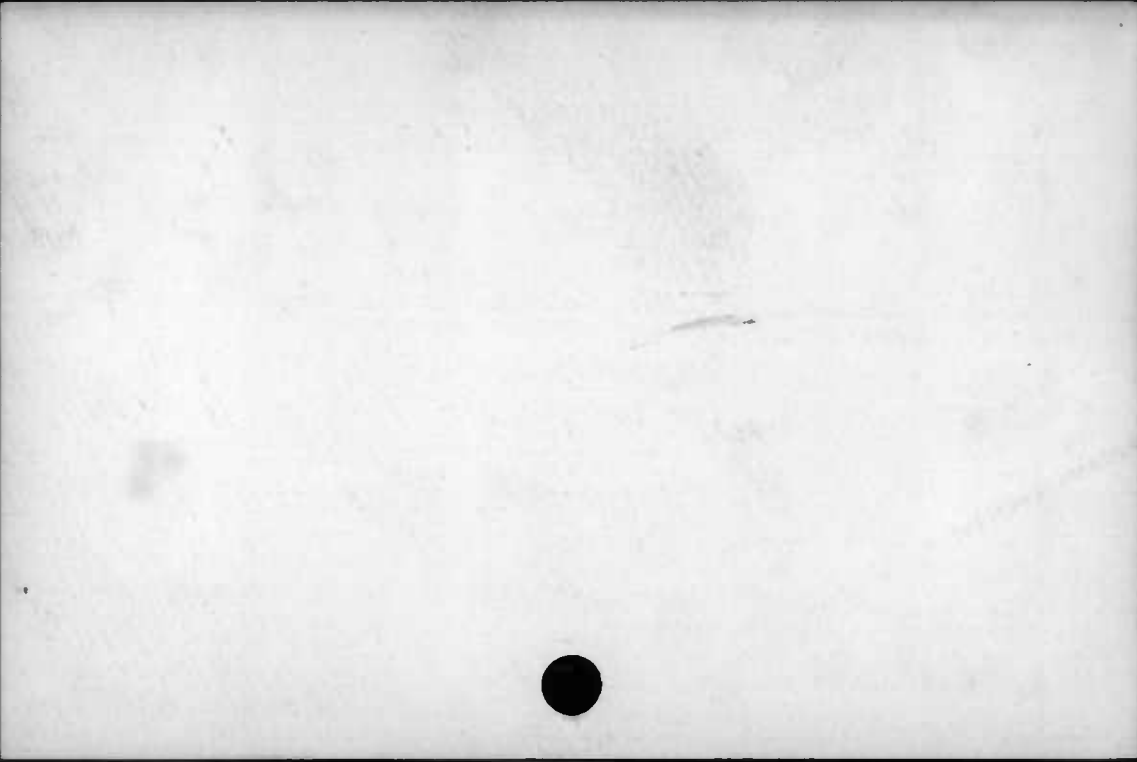
Address

J. R. Hunt
Laurel
Md

Accident or Suicide?

84

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

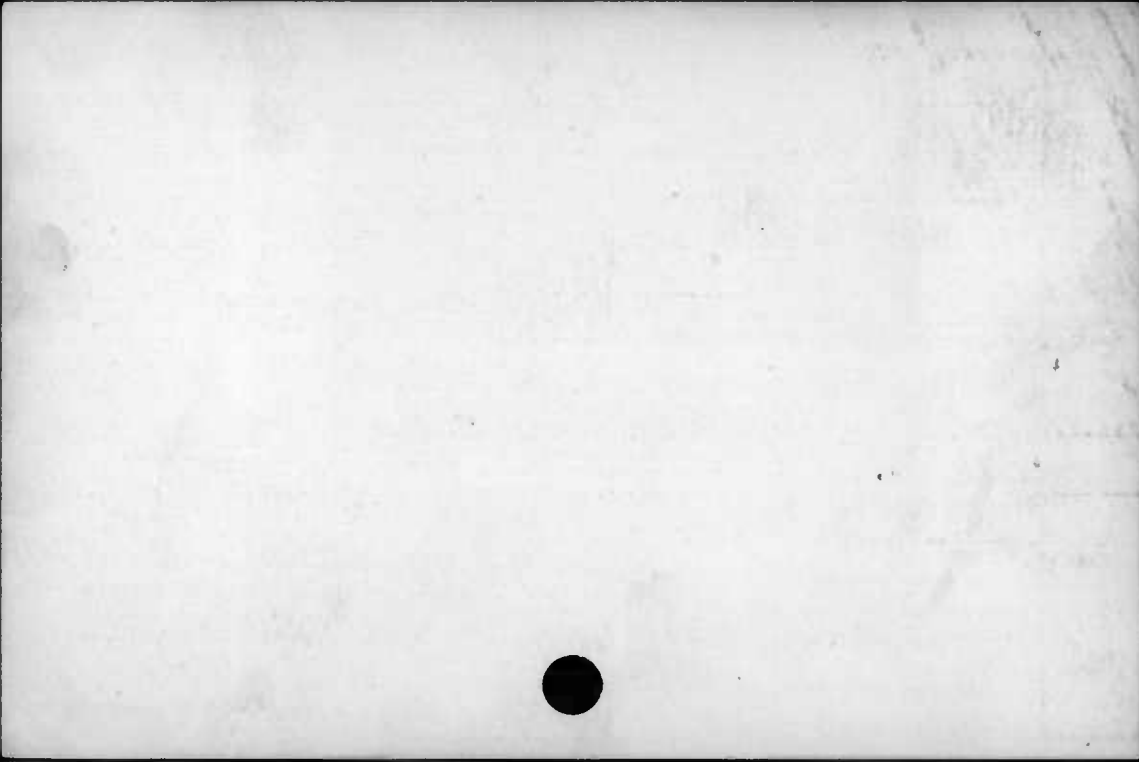
Name <i>Lizyquia Hannan</i>			Town <i>Alberton</i>		County <i>Howard</i>		MARYLAND		
Died at		Date of death		Month		Day		Years	
		<i>1908</i>		<i>April</i>		<i>8</i>		<i>70</i>	
Sex		Color or Race		Birth-place		Months		Days	
<i>Female</i>		<i>White</i>		<i>NC</i>					
Occupation				Where Residing if not at place of death					
<i>Housewife</i>									
Married, Single or Widowed				Name of Wife or Husband					
<i>Widow</i>				<i>Walter Lemuel Hannan</i>					
Father's Name				Father's Birthplace					
<i>Unknown</i>				<i>Unknown</i>					
Mother's Maiden Name				Mother's Birthplace					
<i>"</i>				<i>Unknown</i>					
Name of person giving information				How related to deceased					
<i>Mr Charles A Hannan (Nephew)</i>				<i>(Nephew)</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		How long	
<i>Mitral + Aortic Regurgitation</i>		<i>2 or 3 years</i>	
Immediate		How long	
<i>Cardiac Arrest + Pulmonary Edema</i>		<i>36 hr</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Frank G Miller M.D.</i>	
		Address	
		<i>Ellicott City, Md.</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

Walter Hutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Davis Station* ^{Town} *Howard* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *April* ^{Day} *8* ^{Years} *Age about 35* ^{Months} *—* ^{Days} *—*

Sex *male* Color or Race *white* Birth-place *not known*

Occupation *tramp* Where Residing if not at place of death *Philadelphia*

Married, Single or Widowed *dont know* Name of Wife or Husband *dont know*

Father's Name *not known* Father's Birthplace *not known*

Mother's Maiden Name *not known* Mother's Birthplace *not known*

Name of person giving information *Mr. Bowman* How related to deceased *not related*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary *Killed by B & O. freight train* How long *—*

Immediate *instantly. Accidental* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of *Coroner* *Bernard H. Wallenhorst*

Address *Acting Coroner* *Ellicott City, Md.*

Accident or Suicide? *Accident*



Name
in
FullNo Name Jones
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at near Ellicott City

Date
of death 1908Month
AprilDay
4

Age

Years

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Carroll Manor

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
Husband

Emma Jones

Father's
Name

Charles Jones

Father's
Birthplace

Maryland

Mother's
Maiden Name

Emma Briant

Mother's
Birthplace

Maryland

Name of person giving
information

Charles Jones

How related
to deceased

father

CAUSES OF DEATH

Primary

Still born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

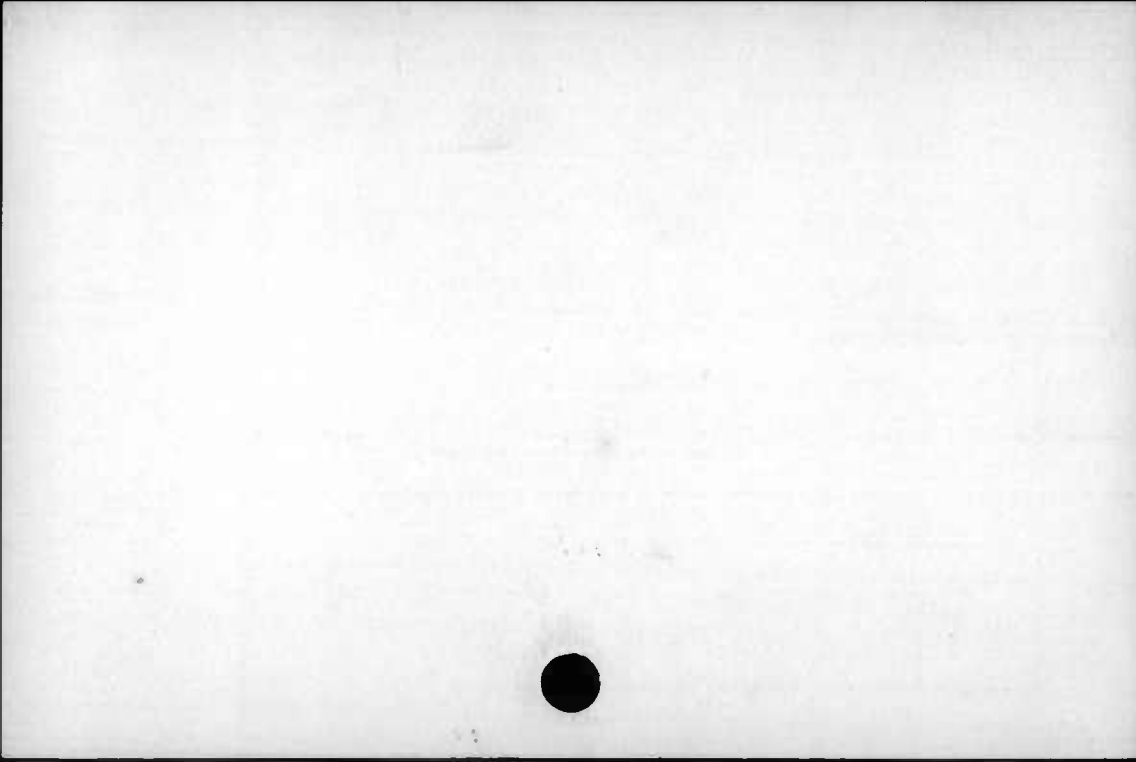
Thos B. Owing M.D.

Address

Ellicott City Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Patrick Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

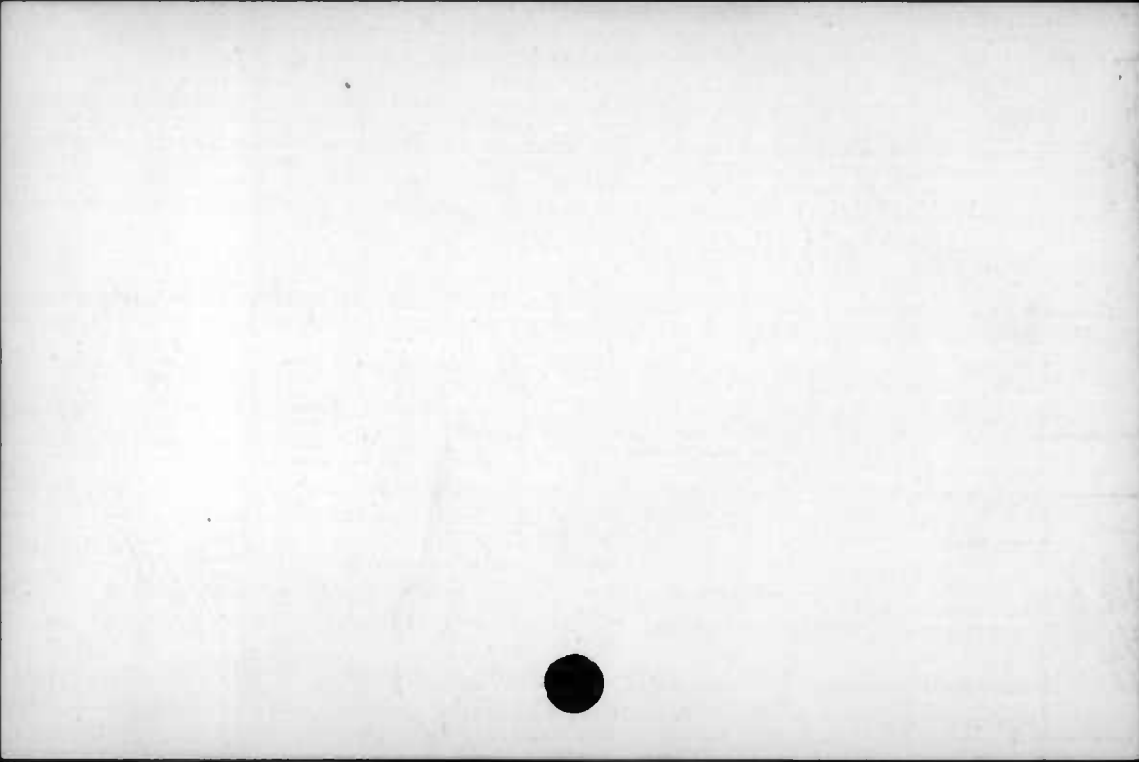
Died at		Town		County		MARYLAND	
Hawara Elliott City		Howard		Leaunty			
Date of death	1908	Month	April	Day	29	Years	10
Sex	Male	Color or Race	Colored	Birth-place	Maryland	Months	no
Occupation	School Boy	Where Residing if not at place of death	Brooks Manor				
Married, Single or Widowed	Single	Name of Wife or Husband	none				
Father's Name	William T Jones					Father's Birthplace	Maryland
Mother's Maiden Name	Hannah Jones					Mother's Birthplace	Maryland
Name of person giving information	Wm T Jones					How related to deceased	Father

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	accident (cart upset, caught head between curbs and rock)	How long	
Immediate	fractured skull	How long	instantly.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Bernard H. Wallenhorst J.P.
		Address	Acting Coroner Elliott City, Md.
Accident or Suicide?	accident		



Name
in
Full

Lulu Naomi Klinefelter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

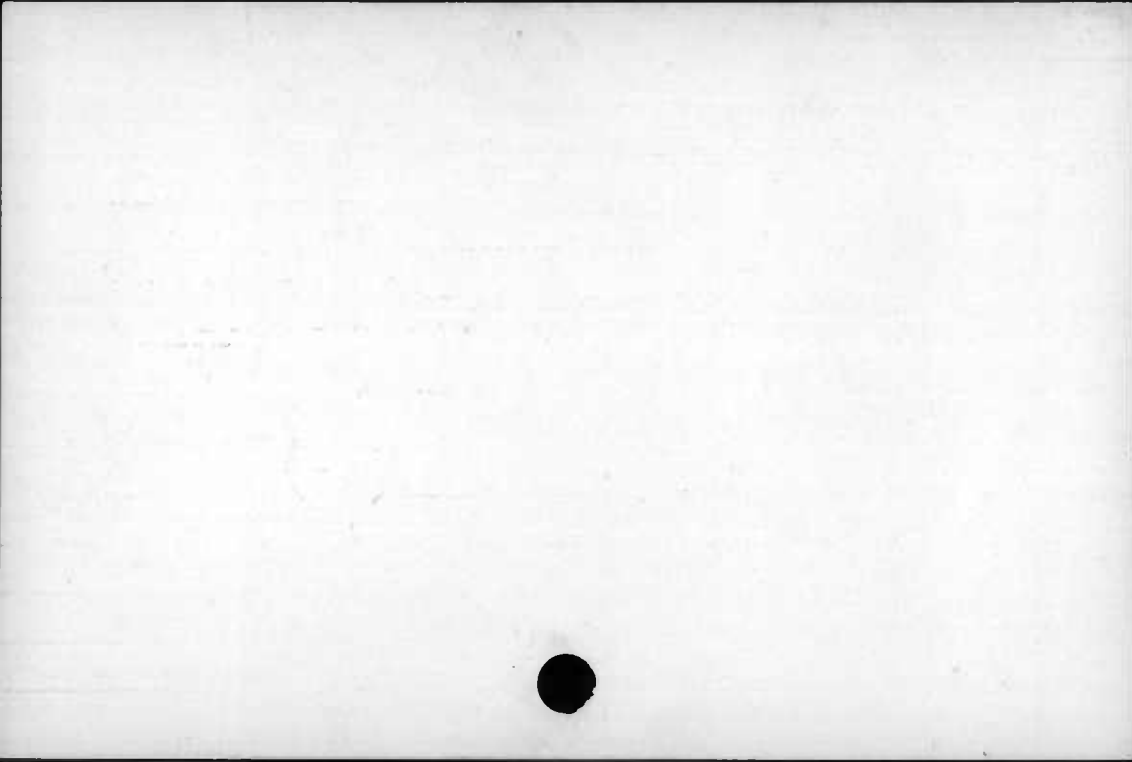
Died at		Town Ellicott City		County Howard		MARYLAND	
Date of death	1908	Month Apr.	Day 3	Age Years	41	Months	Days
Sex	F.		Color or Race	white		Birth- place	md.
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband Wm E. Klinefelter			
Father's Name	Geo. L. Milliman				Father's Birthplace	md.	
Mother's Maiden Name	Sarah Hoffmann				Mother's Birthplace	md.	
Name of person giving In formation	Wm E. Klinefelter				How related to deceased	Husband	

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	melancholia		How long	5 months
Immediate	Heart Failure		How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician W. Rushmer White	
			Address Ellicott City	
Accident or Suicide?			md.	



CERTIFICATE OF DEATH

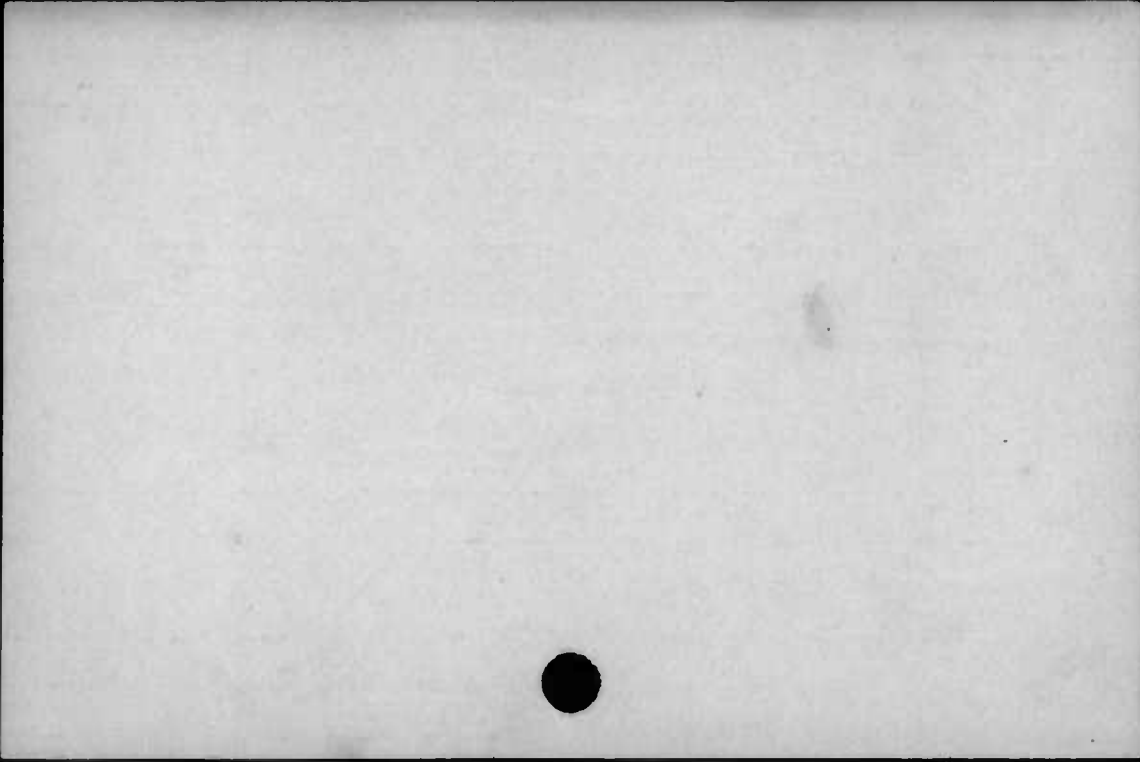
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>manassas</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>15</i>	Age	Months <i>2</i>	Days <i>15</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>Infant</i>			Where Residing if not at place of death <i>Manassas</i>		
Married, Single or Widowed <i>single</i>		Name of wife or Husband <i>—</i>			
Father's Name <i>Andrew L. Knott</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Laura M. Hyler</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Andrew L. Knott</i>			How related to deceased <i>father</i>		

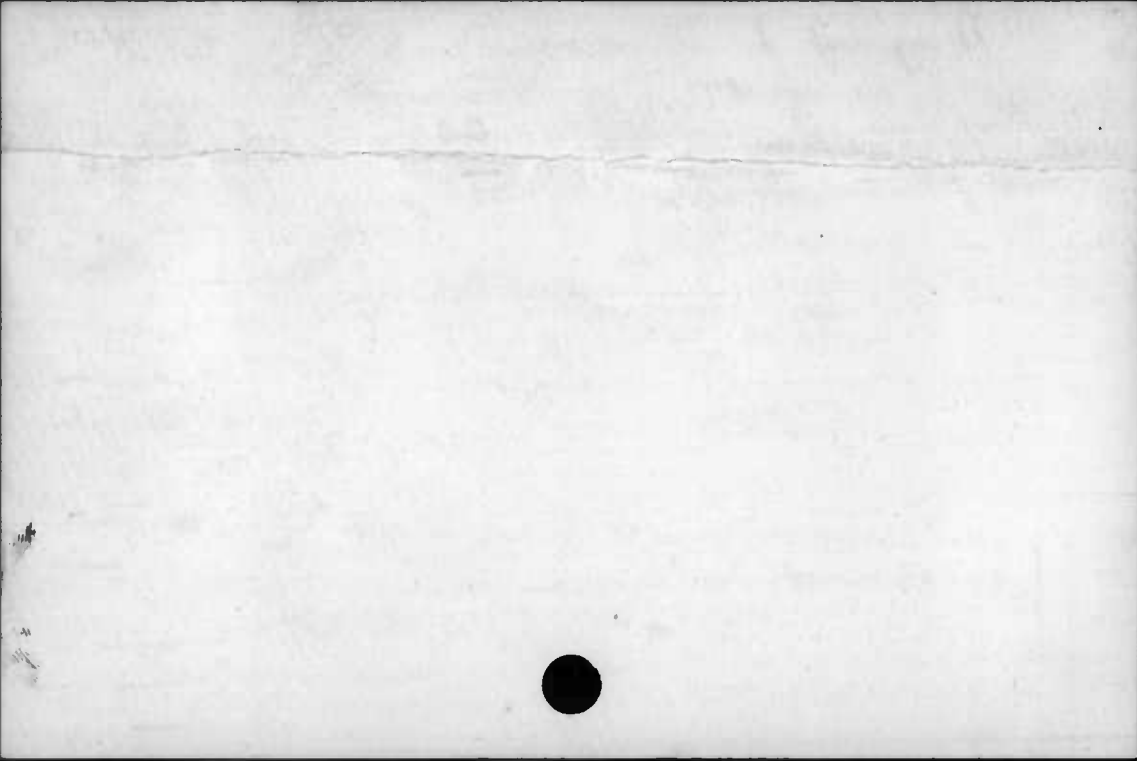
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition	<input checked="" type="checkbox"/>	How long	2 mo.
Immediate	exhaustion		How long	progressive
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
Accident or Suicide?		Kidney	Savage	
			Med.	



Name in Full		Town				County		CERTIFICATE OF DEATH	
Bazie Levi		near Laurel		Howard		MARYLAND			
Died at		Date of death		Month		Day		Age	
1908		April		4		48		Months	
Sex		Color or Race		Birth-place		Months		Days	
Male		Black		Md					
Occupation		Where Residing if not at place of death							
Laborer		near Laurel							
Married, Single		Name of Wife or Husband							
Yes		Julia Levi							
Father's Name		Father's Birthplace							
Whisley Levi		Md							
Mother's Maiden Name		Mother's Birthplace							
Unknown		"							
Name of person giving information		How related to deceased							
Julia Levi		Wife							
CAUSES OF DEATH									
Primary		How long							
Hypertrophy Liver		3 mo							
Immediate		How long							
Hemorrhage		2 days							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		J. R. Hunter							
Address									
Laurel Md									
Accident or Suicide?									
9									



Name
in
Full

Florence E. R. Lohman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

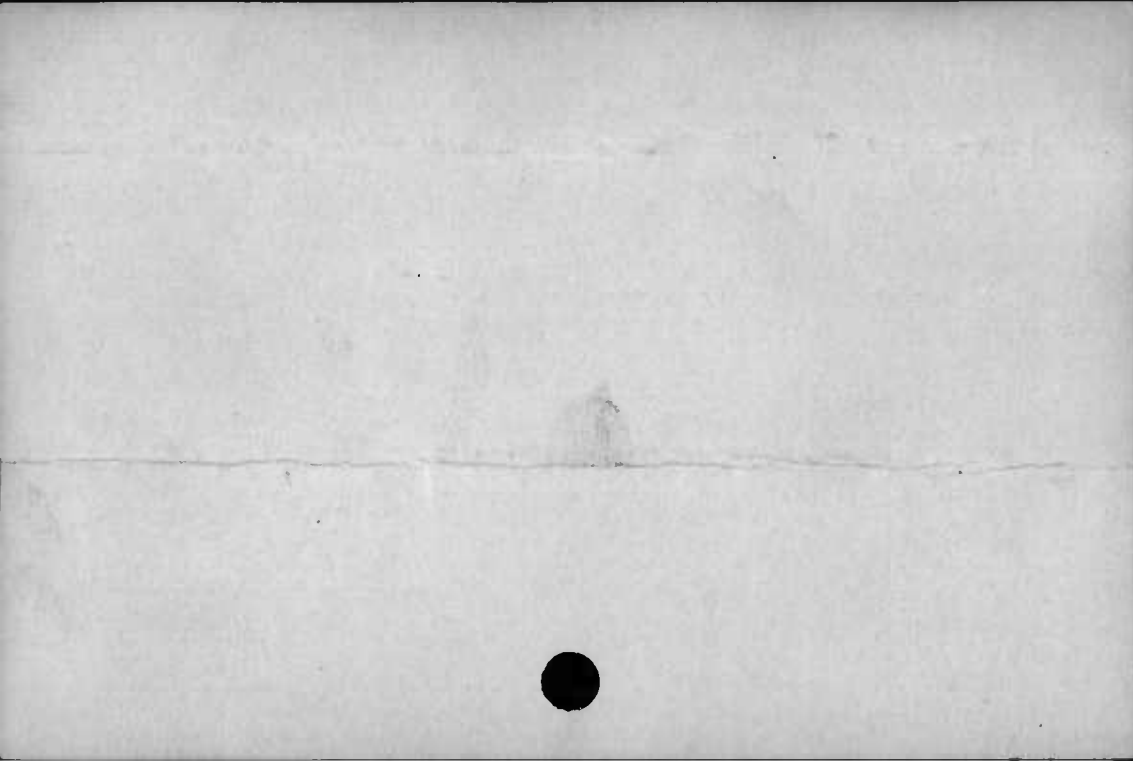
Died at ^{Town} *Highland* ^{County} *Howard*Date of death *1908* ^{Month} *April* ^{Day} *7th* ^{Years} *Age* *27* ^{Months} ^{Days}Sex *Female* Color or Race *Mulatto* Birth-place *Baltimore*Occupation *Housewife* Where Residing if not at place of death *Baltimore*Married, Single or Widowed *Married* Name or Wife or Husband *J. W. Lohman 1202 Eutaw Place*Father's Name *George J. Hall* Father's Birthplace *Balto.*Mother's Maiden Name *Lillian E. Roundtree* Mother's Birthplace *Balto.*Name of person giving information *Adelaide Hill* How related to deceased *Sunt*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Tuberculosis of Lungs + Larynx* How long *2 years*Immediate *Diarrhoea + Exhaustion* How long *2 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *August Stabler*Address *Brighton, Md.*

Accident or Suicide?



Name
in
Full

Margaret J. Merson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Jessups ^{Town} Howard ^{County} MARYLAND

Date of death 1908 ^{Month} Apr. ^{Day} 17 ^{Years} 30 ^{Months} 1 ^{Days}

Sex female Color or Race White Birth-place Ireland

Occupation Housewife Where Residing if not at place of death _____

Married, Single or Widowed married Name of ~~Wife~~ ^{Husband} Clarence E. Merson

Father's Name Mathew Lirney Father's Birthplace Ireland

Mother's Maiden Name Mary Munnane Mother's Birthplace Ireland

Name of person giving information C. E. Merson How related to deceased Husband

CAUSES OF DEATH

(116)

PHYSICIAN
OR CORONER

Primary Peritonitis & Pericarditis ^{How long} 3 months

Immediate Heart Failure ^{How long} immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. R. Harley

Address Sumner

Accident or Suicide? No

043

Name
in
Full

Samuel E. Merson

✓
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

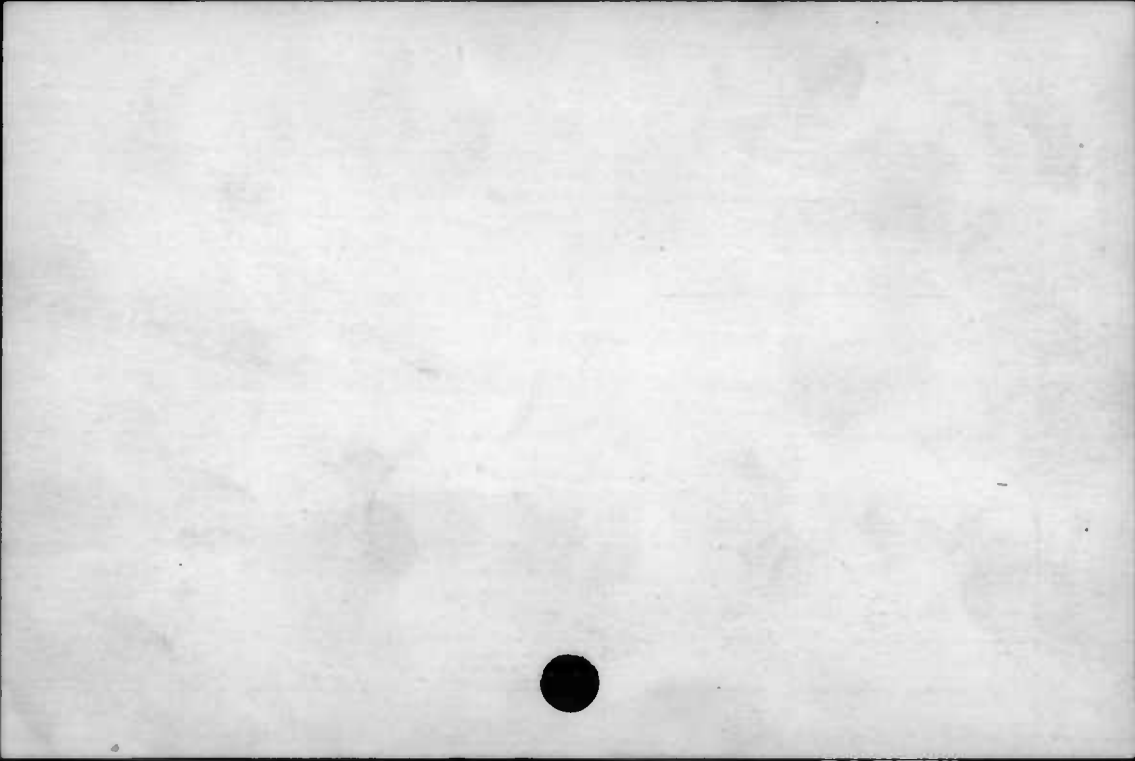
Died at <i>Jessups</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Apr</i>	Day <i>26</i>	Age <i>8</i>	Months <i>—</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Jessups. Md.</i>		
Occupation <i>School-boy</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>G. F. Merson</i>			Father's Birthplace <i>Laurel Md.</i>		
Mother's Maiden Name <i>Grace E. Care</i>			Mother's Birthplace <i>Howard Co. Mo</i>		
Name of person giving information <i>Grace E. Care</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary <i>Acute Phlegmonous Tonsillitis</i>	How long <i>5 days.</i>
Immediate <i>Oedema of the Glottis</i>	How long <i>1 hour.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. R. B. Harley</i>
<i>9</i>	Address <i>Laurel. Md.</i>
Accident or Suicide?	



Name
in
Full

Henry Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

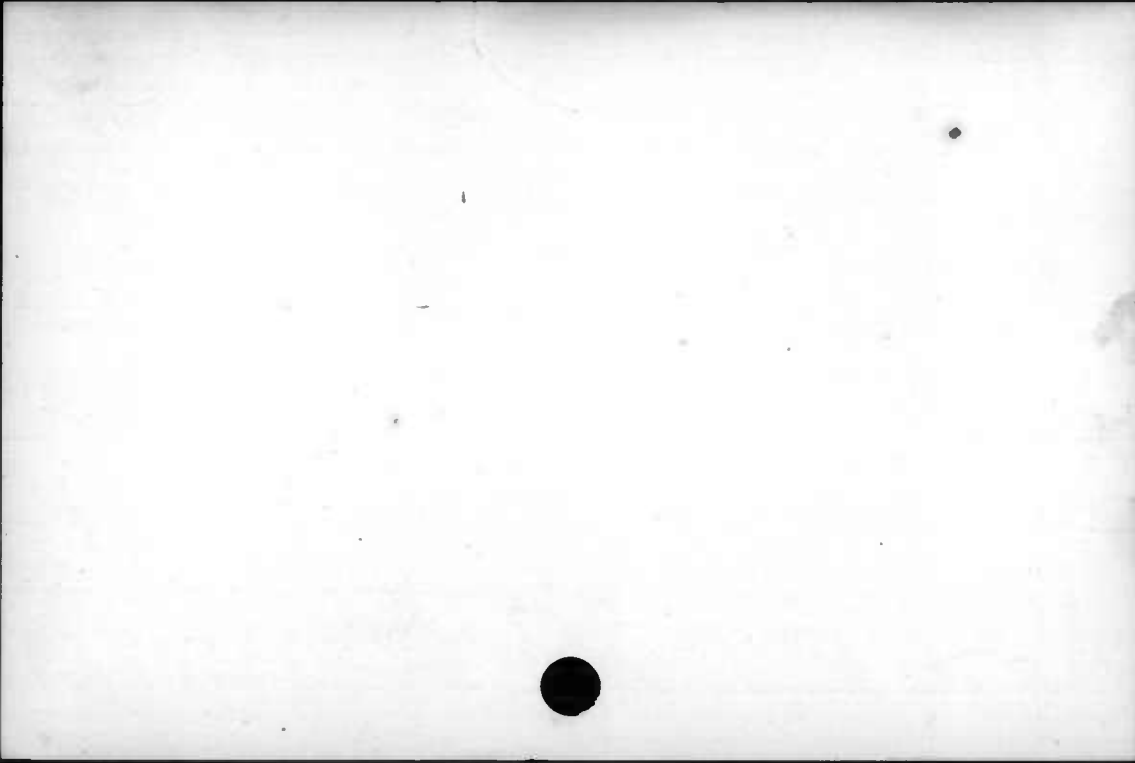
Died at		Town Atholton		County Howard		MARYLAND	
Date of death	1908	Month 4	Day 24	Age 75	Years	Months	Days
Sex	male		Color or Race	negro		Birth-place	md
Occupation	Laborer			Where Residing if not at place of death		Atholton	
Married, Single or Widowed	widowed		Name of Wife or Husband	Kali Nelson			
Father's Name	Nelson				Father's Birthplace	md	
Mother's Maiden Name	Catharine Nelson				Mother's Birthplace	md	
Name of person giving information	George Nelson				How related to deceased	Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart		How long	2 years
Immediate	Exhaustion		How long	Progressive
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	J. H. Livingston M.D.
			Address	Savage
Accident or Suicide?	Neither			md



Name
in
Full

Elizabeth Cromwell Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Orange Grove</i>		County <i>Howard Co.</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>11</i>	Age <i>71</i>	Months <i>3</i> Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>C. Sidney Norris</i>				
Father's Name <i>Richard Cromwell</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth Ann Hammond</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Richard C. Norris</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	<i>Dropsy with general debility</i>	How long <i>4 months</i>
Immediate	<i>Same with heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Arthur Williams</i>
		Address <i>Elk Ridge Ind</i>
Accident or Suicide? <i>no</i>		

Henry W. Jenkins and Sons. Co

300 Madison St

at Greenwood Cem.

Funeral Monday April 13th /08

X 20 cur

Name
in
Full

Mary C. Peddicord

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

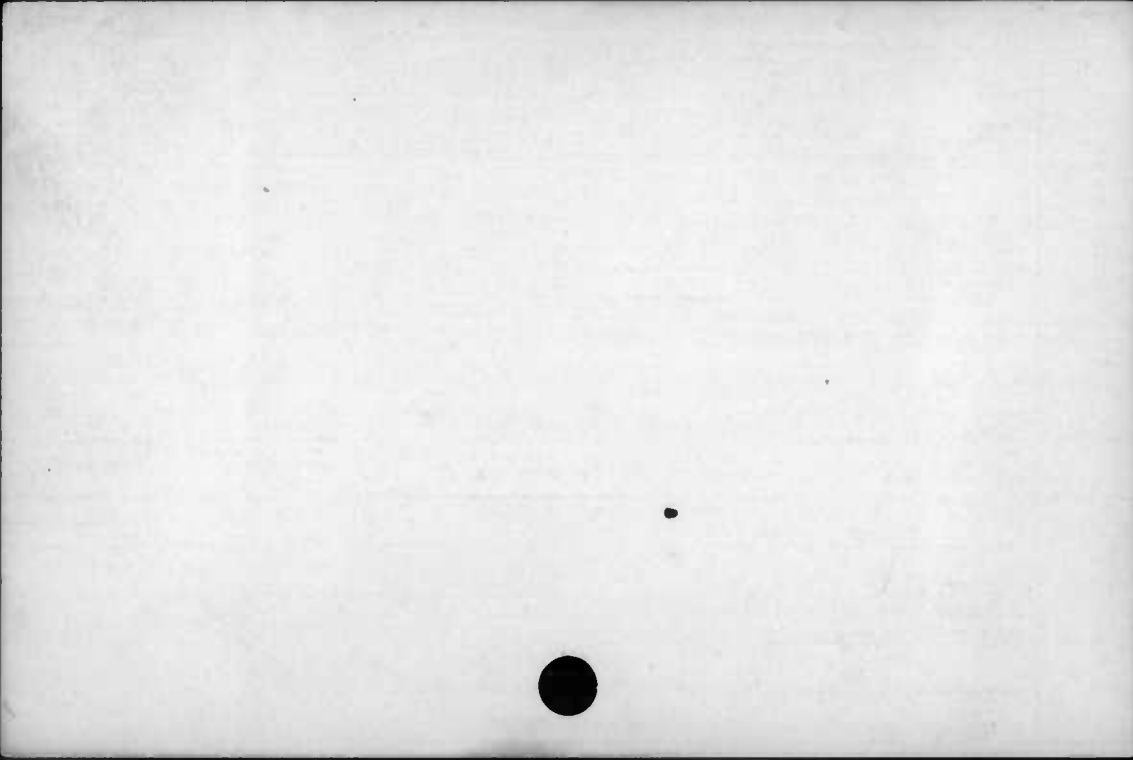
Died at <i>Crookville</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1904</i>	Month <i>April</i>	Day <i>5th</i>	Age <i>56</i>	Months <i>2</i>	Days <i>16</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Mo U.S.A.</i>	
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Eli Y. Peddicord</i>			
Father's Name <i>Shobe</i>		Father's Birthplace <i>Va. U.S.A.</i>			
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>			
Name of person giving Information <i>Thomas R. Peddicord</i>		How related to deceased <i>son</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic nephritis with Bronchus</i>	How long <i>1 year</i>
Immediate <i>uremic coma</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Benj. F. Shuply M.D.</i>
	Address <i>alpha Pmd</i>
Accident or Suicide?	



Name
in
Full

Allen Thomas Pugh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} *New Florence* ^{County} *Strom* **MARYLAND**

Date of death 190 ^{Month} *8* ^{Day} *April* ^{Years} *3* Age ^{Months} *5* ^{Days} *5*

Sex *Male* Color or Race *White* Birth-place *Strom*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Unah Pugh* Father's Birthplace *Strom*

Mother's Maiden Name *Lucy Wafford* Mother's Birthplace *Strom*

Name of person giving information *J. A. Wafford* How related to deceased *none*

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary *Cyanus *Korotum*

Immediate *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

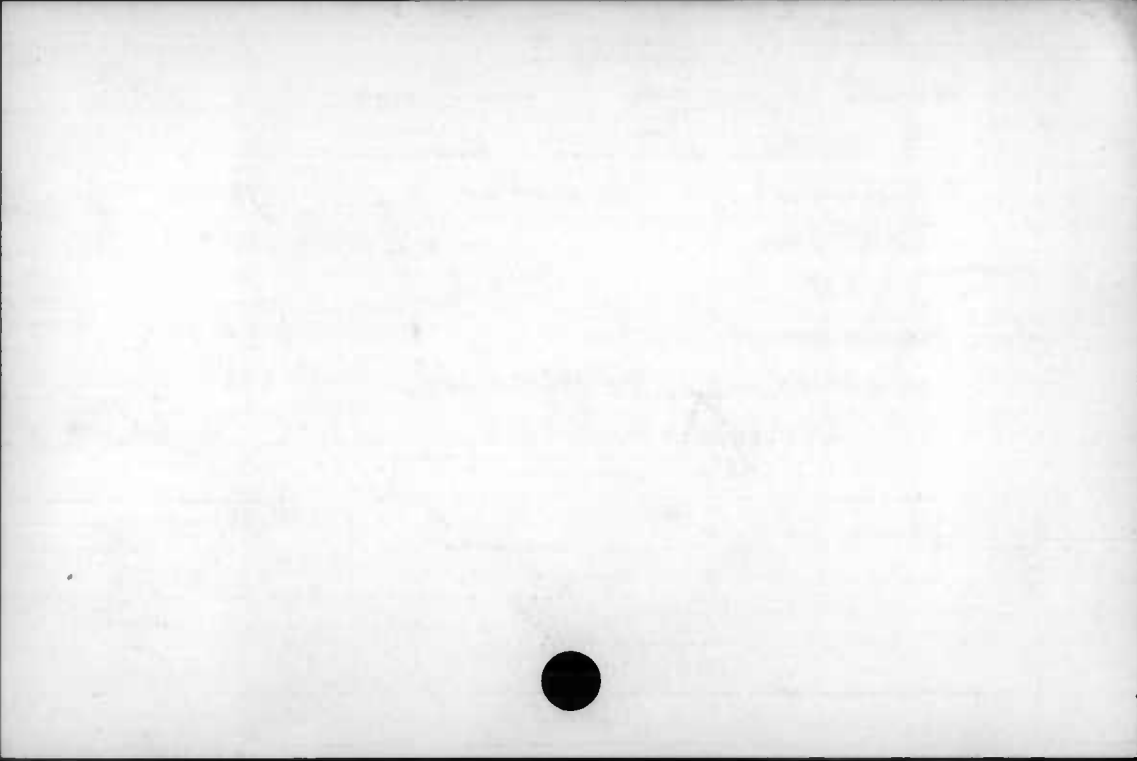
Signature of Physician

R. O. Wafford

Address

Lisbon, MD

Accident or Suicide?



Name
in
Full

Sallie Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

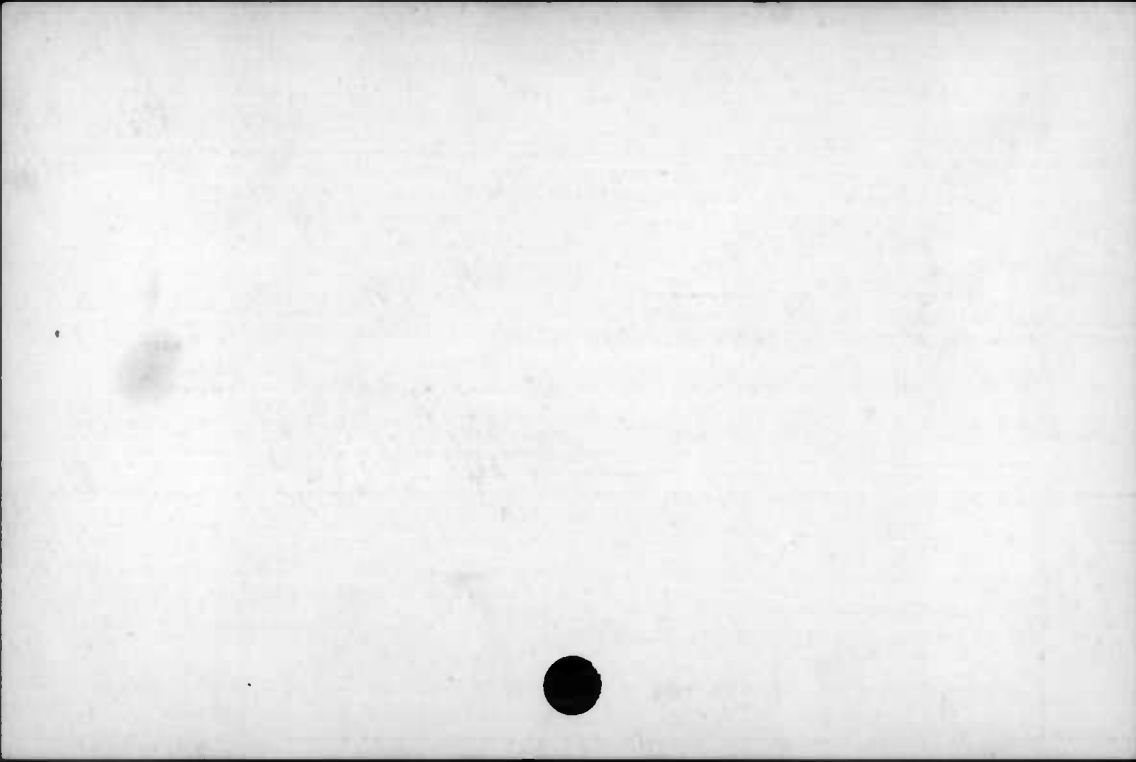
Died at <u>North Laurel</u>		County <u>Anne</u>		MARYLAND	
Date of death	1908	Month	April	Day	15
Age		Years		Months	Days
		46		"	"
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind</u>
Occupation	<u>Cook</u>	Where Residing if not at place of death <u>North Laurel</u>			
Married Single or Widowed	<u>yes</u>	Name of Wife or Husband <u>none</u>			
Father's Name	<u>Jacob Pool</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Emeline Brudden</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Ellen Pool</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<u>Hemiplegia</u>	How long	<u>2 days</u>
Immediate	<u>Heart failure</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J.R. Smith</u>	
		Address	
		<u>Laurel</u>	
Accident or Suicide?			



Name
in
Full

Chas Green Selby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poplar Springs</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>19</i>	Years <i>64</i>	Months <i>9</i>	Days <i>19</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co Md</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>Ameria Margaret Selby</i>			
Father's Name <i>J H Selby</i>			Father's Birthplace <i>Howard Co Md</i>		
Mother's Maiden Name <i>Elbert Richardson</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>J Elbert Selby</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Infarct</i>	How long <i>Six months</i>
Immediate <i>Failure of compensation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J Elbert Selby</i>
	Address <i>1st Army Md</i>
Accident or Suicide?	



Name
in
Full

Rebecca Smallwood

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

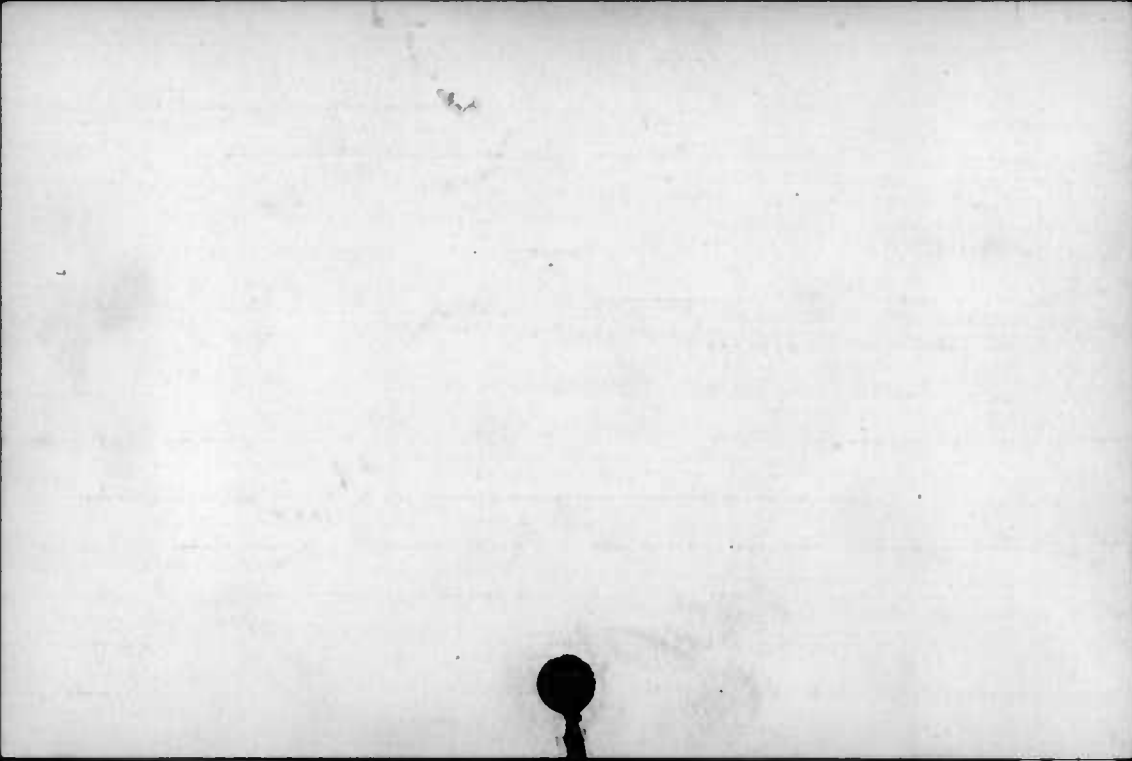
Died at <u>Elioak</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>Apr.</u> <small>Day</small> <u>28</u> <small>Age</small> <u>84</u> <small>Years</small>		<u>84</u> <small>Months</small>		<u>7</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>House duties</u>	Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John Smallwood</u>				
Father's Name <u>Charles Hippley</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Rebecca Hammond</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>William Gardner</u>	How related to deceased <u>Son-in Law</u>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<u>Senile degeneration</u>	How long	<u>_____</u>
Immediate	<u>Ansthenia</u>	How long	<u>_____</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>John P. Rogers M.D.</u>
		Address	<u>Urbana, Ill. Md.</u>
Accident or Suicide?	<u>_____</u>		



Name
in
Full

Matilda A. Snowden.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cocksville		County Howard.		MARYLAND	
Date of death		1908	Month April.	Day 2.	Age 85	Months	Days
Sex Female.		Color or Race Negro.		Birth-place Md.			
Occupation none.		Where Residing if not at place of death					
Married, Single or Widowed Widow.		Name of Wife or Husband					
Father's Name Nicholas Matthews.		Father's Birthplace Don't know.					
Mother's Maiden Name Don't know.		Mother's Birthplace Don't know.					
Name of person giving information Lorenya D. Snowden.		How related to deceased Son.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis of Heart Disease	How long About 2 years
Immediate	Congestion of Lung.	How long 2 days
Are the name, age, sex, color, date and place correctly given above?		
Yes.		
Signature of Physician J. W. Lacy.		
Address Lisbon		
Accident or Suicide?		Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND							
Near Laurel		Howard											
Date of death		1908	Month	4	Day	17	Age	Years	83	Months		Days	
Sex		Male		Color or Race		White		Birthplace		Howard Co			
Occupation		Farmer		Where Residing if not at place of death		At Place of Death							
Married, Single or Widowed		Married		Name of Wife or Husband		Elizabeth Souder							
Father's Name		John Souder		Father's Birthplace		Pennsylvania							
Mother's Maiden Name		Melinda Adams		Mother's Birthplace		Howard Co							
Name of person giving information		Benj. F. Murphy		How related to deceased		Son in Law							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia Bronch	How long	5 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. B. Ryer	
Address		Laurel Md	
Accident or Suicide?		9	



Name
in
Full

Edward A. Talbott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

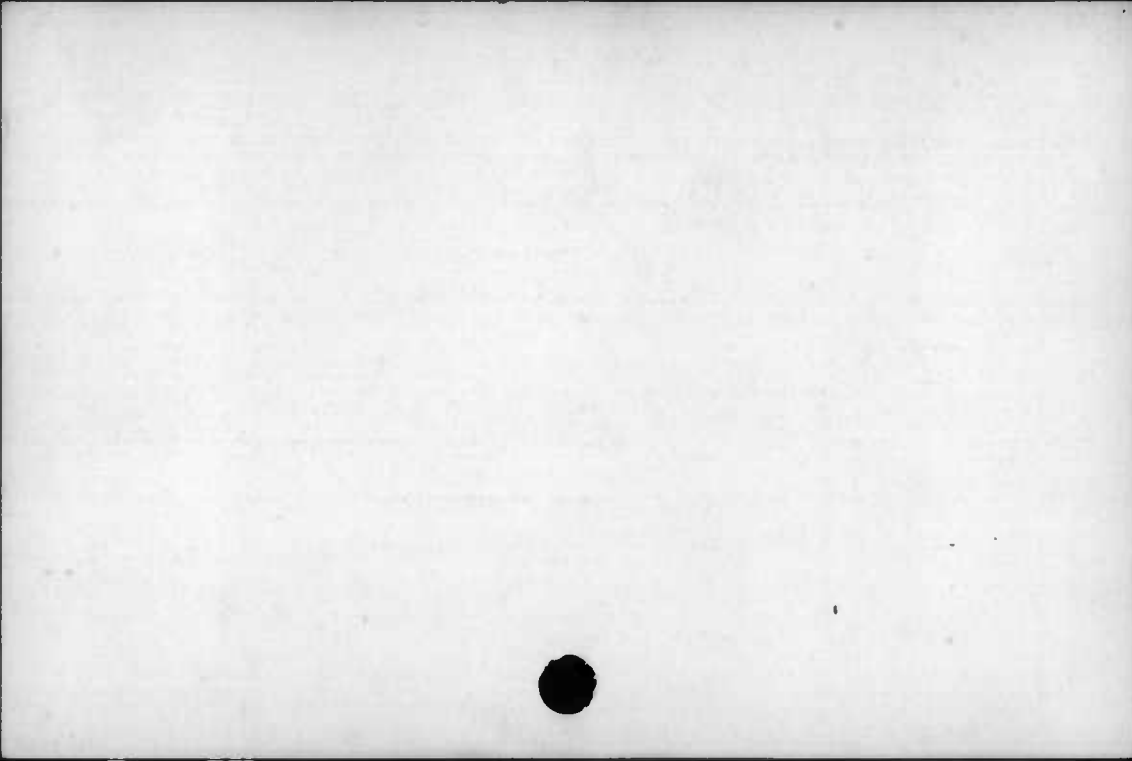
Died at <u>Ellicott City</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death <u>1908 Apr.</u> <small>Month</small>		<u>23</u> <small>Day</small>	Age <u>59</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Merchant</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Georgianna Laney</u>				
Father's Name <u>Edward A. Talbott</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary Wareham</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>Richard Talbott</u>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Bright Disease</u>	How long <u>1 year</u>
Immediate <u>Valvular Heart Disease</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thos. Brown</u>
	Address <u>Widewater City</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

Anselm Humphrey

Town

County

MARYLAND

Died at *Woodstock*

Howard

Date of death *1908* *Apr* *1*

Age *4* *2*

Sex *male*

Color or Race *white*

Birth-place *Ind*

Occupation *Sammy*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Geo Humphrey*

Father's Birthplace *Ind*

Mother's Maiden Name *Ida Wideman*

Mother's Birthplace *Ind*

Name of person giving information *Geo Humphrey*

How related to deceased *Father*

CAUSES OF DEATH

95

Primary *Pulmonary Cancer*

How long *24 hours*

Immediate *Concussion*

How long *5 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

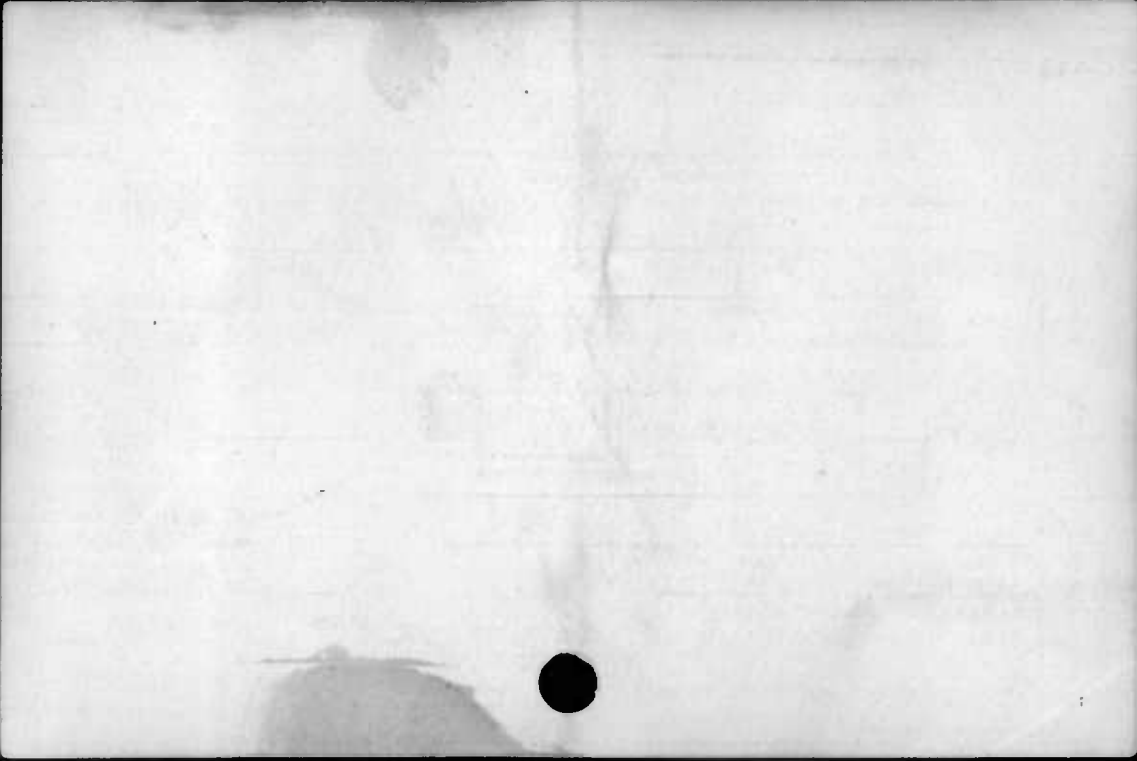
Signature of Physician *D. J. [unclear]*

Address *[unclear]*

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

F. 11

(Still born)

Wheatley

CERTIFICATE OF DEATH

Died at *Sykesville* TownCounty *Howard*

MARYLAND

Date of death *1908* Month *April*Day *3rd*Age *Still born*

Years

Months

Days

Sex *Male*

Color or Race

white

Birth-place

Sykesville Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George E. Wheatley

Father's Birthplace

Howard Co Md

Mother's Maiden Name

Mary V. Amoss

Mother's Birthplace

" " "

Name of person giving information

George E. Wheally

How related to deceased

Father

CAUSES OF DEATH

Primary

Shoulders caught in lower strait

How long

3/4 hr

Immediate

obstruction of placental circulation

How long

3/4 hr

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Benj. F. Shipley M.D.

Address

*Alpha
Howard Co Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

